



## **Alternative Benefit Plan**

ner 1937 Benefit Provided: mmunity Based Mobile Crisis	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
minumity Dased Woone Crisis	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
<u>None</u>	See below	
Scope Limit:		
None		
Other:		
Coverage in accordance with Att. 3.2	<u>1-A Item 13(15).</u>	